

08-04-05

PATENT
450106-02851

AF
JFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Masashi Nakamura, et al.
Serial No. : 09/889,374
For : DIGITAL SIGNAL PROCESSING APPARATUS,
SYSTEM THEREOF, AND EXTENSION FUNCTION
PROVIDING METHOD
Filed : June 16, 2001
Examiner : Perungavoor, Venkatanaray
Art Unit : 2132
Confirmation No. : 2674

745 Fifth Avenue
New York, NY 10151
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Date of Deposit: August 3, 2005

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RESPONSE UNDER 37 C.F.R. § 1.116

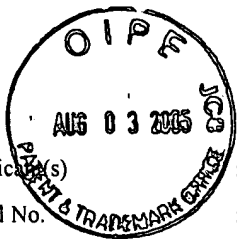
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Sir:

In response to the Final Office Action mailed on June 14, 2005, having a three-month
statutory period for response set to expire on September 14, 2005, please amend the above-
identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 8 of this paper.



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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	18	Minus	** = 20	*0x	\$50 (25)	=\$0
Independent claims	4	Minus	*** = 4	*0x	\$200 (100)	=\$0
Total additional fee for this amendment						\$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ ___ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$ ___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Barnet Shindler
(Typed or printed name of person mailing paper or fee)

Barnet Shindler
(Signature of person mailing paper or fee)

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

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